PTO/SB/22 (12-04) ON FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) Docket Number (Optional) SHE0037.14 (6800-0037.02) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Filed: August 25, 2003 Application Number: 10/647,561 For Polymer Stabilized Neuropeptides Art Unit: 1654 Examiner: Thomas Sweeny Heard This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): <u>Fee</u> **Small Entity Fee** \$ 120.00 \$120 \$60 One month (37 CFR 1.17(a)(1)) \$450 \$225 Two months (37 CFR 1.17(a)(2)) \$1020 \$510 Three months (37 CFR 1.17(a)(3)) \$1590 \$795 Four months (37 CFR 1.17(a)(4)) \$2160 \$1080 Five months (37 CFR 1.17(a)(5)) Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. M The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to _. I have enclosed a duplicate copy of this sheet. Deposit Account Number ____18-1648 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. applicant/inventor. I am the assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). attorney or agent of record. Registration Number 38,433 attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 November 17, 2006 Signature Date (650) 493-3400

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than

forms are submitted.

Telephone Number

Total of

11/22/2006 MBELETE1 00000064 10647561

one signature is required, see below.

1 form in Duplicate

Susan T. Evans
Typed or printed name